



APPLICATION FOR DOMESTIC WASTEWATER TREATMENT PLANT OPERATOR CERTIFICATION

Application

Date: _____

Level of certification
desired as defined in

WAC 173-230-061: (Select One)

☐ OIT ☐ I ☐ II ☐ III ☐ IV

GENERAL INFORMATION

Name and Address

(Mr./Ms.) (First) (Middle Initial) (Last)

(Mailing Address)

(City) (State) (Zip)

()

(Phone number - include area code)

e-mail: _____

Social Security Number: _____

Employer Information

(Employer)

(Mailing Address)

(City) (State) (Zip)

()

(Phone number - include area code)

Check all statements below that are relevant to this application:

☐ I am a certified wastewater treatment plant operator in Washington. Certification Number: _____

☐ I am not currently certified as a wastewater treatment plant operator in Washington.

☐ This is an application for reciprocity. (If so, please enclose a copy of your valid out-of-state certificate.)

☐ This is an application for temporary certification per WAC 173-230-050(2)(c).

☐ I took this exam and failed. I am applying to retake the exam. _____
(If you took the exam within the past year submit this page only – must be signed) (Date) (Signature)

☐ This is an application for automatic upgrade to the Group I level.

☐ Other, explain: _____

Select the location where you would like to be scheduled for an exam:

- | | | | |
|--|---------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Seattle | <input type="checkbox"/> Ellensburg | <input type="checkbox"/> Spokane | <input type="checkbox"/> College Place |
| <input type="checkbox"/> Olympia/Lacey | <input type="checkbox"/> Mount Vernon | <input type="checkbox"/> Tacoma | |

EDUCATION HISTORY

Name and Location of High School Attended	Select Last Grade Completed	Did You Graduate?	If you did not graduate from high school, did you earn a GED? (Specify school)	Date of Graduation or Receipt of GED
	<input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12			

POST-HIGH SCHOOL TRAINING

Name and Location of Colleges Attended	Dates Attended	Course Work Completed	Number of credits earned. Specify quarter or semester credits	Degrees obtained. Specify major course of study.

NOTE: Submit transcripts or unaltered copies of all college credits with application.

RELEVANT TRAINING AND CONTINUING EDUCATION COURSES

Include certificates of completion with application

Name and Location of School	Dates Attended	Name of Course	Number of Classroom Hours	Specify number of CEUs and/or college credits earned.

DOMESTIC WASTEWATER TREATMENT PLANT OPERATING EXPERIENCE

(List your present employer first)

Name and address of wastewater treatment plant	Domestic WWTP Operating Employment dates from month/year to month/year	Job title	Average hours week at WWTP	Describe your major responsibilities on this job in detail	List lab tests you perform	List treatment process	Plant Class I, II, III or IV

DOMESTIC WASTEWATER WORK EXPERIENCE

Describe in detail your experience operating domestic wastewater treatment plants. List your present employer first.

Employer: _____ Address: _____ Job Title: _____ Specific Duties: _____ _____ _____	From: _____ To: _____ Hours worked per week: _____ Total time employed: Years _____ Months _____ Supervisor: _____ Phone No. _____
Employer: _____ Address: _____ Job Title: _____ Specific Duties: _____ _____ _____	From: _____ To: _____ Hours worked per week: _____ Total time employed: Years _____ Month _____ Supervisor: _____ Phone No. _____
Employer: _____ Address: _____ Job Title: _____ Specific Duties: _____ _____ _____	From: _____ To: _____ Hours worked per week: _____ Total time employed: Years _____ Month _____ Supervisor: _____ Phone No. _____
Employer: _____ Address: _____ Job Title: _____ Specific Duties: _____ _____ _____	From: _____ To: _____ Hours worked per week: _____ Total time employed: Years _____ Month _____ Supervisor: _____ Phone No. _____

RELEVANT WORK EXPERIENCE

For example: Industrial Treatment Operator, Drinking Water Operator, Plumbing, Welding

Employer: _____ Address: _____ Job Title: _____ Specific Duties: _____ _____ _____	From: _____ To: _____ Hours worked per week: _____ Total time employed: Years _____ Month _____ Supervisor: _____ Phone No. _____
Employer: _____ Address: _____ Job Title: _____ Specific Duties: _____ _____ _____	From: _____ To: _____ Hours worked per week: _____ Total time employed: Years _____ Month _____ Supervisor: _____ Phone No. _____
Employer: _____ Address: _____ Job Title: _____ Specific Duties: _____ _____ _____	From: _____ To: _____ Hours worked per week: _____ Total time employed: Years _____ Month _____ Supervisor: _____ Phone No. _____

I hereby certify that all information contained in this application is true and correct. I understand that any omissions or misrepresentations may result in ineligibility for this certification or revocation of any certificate granted. I also consent to an investigation of my employment record and education background for the purpose of verifying my qualifications for the certificate for which I have applied.

Date

Applicant's Signature

If you require this document in an alternate format, please contact the Water Quality Program at 360-407-6401. If you are a person with a speech or hearing impairment, call 711 for relay service or 1-800-833-6388 for TTY.